



# DECERTIFICATION PETITION

DO NOT WRITE IN THIS SPACE: Case No.:

Date Filed:

INSTRUCTIONS: A decertification petition must be filed with the appropriate PERB regional office (see PERB Regulation 32075), and must be accompanied by proof of support of at least 30 percent of the employees in the established unit. Proper filing includes concurrent service and proof of service of the petition as required by Regulation 32770(c). Attach additional sheets if more space is required.

1. The employer of the employees in the established unit is an employer within the meaning of the:

- ☐ Educational Employment Relations Act (EERA) (Government Code sections 3540-3549.3).  
☐ Higher Education Employer-Employee Relations Act (HEERA) (Government Code sections 3560-3599).  
☒ Ralph C. Dills Act (Dills Act) (Government Code sections 3512-3524).

2. EMPLOYER (Name, address and telephone number)

State of California, Department of Personnel Administration

1515 S Street, North Building, Suite 400

Sacramento, California 95814-7243

( 916 ) 324-0455 Ext. \_\_\_\_\_

Agent to be contacted: Mike Navarro

Title: Director

Address and telephone, if different:

( ) Ext. \_\_\_\_\_

3. EXCLUSIVE REPRESENTATIVE (Name, address and telephone number)

American Federation of State, County, and Municipal

Employees, Local 2620, AFL-CIO; 555 Capitol Mall, Ste. 1225

Sacramento, California 95814

( 916 ) 441-0833 Ext. \_\_\_\_\_

Agent to be contacted: Nancy Swindell

Title: President

Address and telephone, if different:

( ) Ext. \_\_\_\_\_

4. DESCRIPTION OF ESTABLISHED UNIT

Bargaining Unit 19, Health and Social Services/Professional (See attached excerpt from Agreement between State of California and AFSCME, Local 2620, AFL-CIO, entitled "Salary Schedule")

5. DATE INCUMBENT EXCLUSIVE REPRESENTATIVE WAS RECOGNIZED OR CERTIFIED:

6. IF A CURRENT WRITTEN AGREEMENT/MEMORANDUM OF UNDERSTANDING EXISTS COVERING THE ESTABLISHED UNIT, INDICATE:

AGREEMENT/MOU EFFECTIVE DATE: July 3, 2003

AGREEMENT/MOU EXPIRATION DATE: July 1, 2006

☐ NO AGREEMENT/MOU IS IN EFFECT

7. APPROXIMATE NUMBER OF EMPLOYEES IN THE UNIT: 4,000

8. PETITION FILED BY: (Check one only)

☒ An Employee Organization

☐ A Group of Employees

9. TYPE OF PETITION: (Check one only)

This petition is filed pursuant to PERB Regulation:

☐ 32770(b)(1) - Employees desire no representation.

☒ 32770(b)(2) - Employees wish to be represented by petitioning employee organization.

10. PETITIONER (Name, address and telephone number)

United Health and Social Service Professionals

P.O. Box 6450

Santa Maria, California 93456-6450

( 800 ) 726-9205 Ext. \_\_\_\_\_

Agent to be contacted: Darwin Price

Title: Representative

Address and telephone, if different:

2934 Ford Street, #2

Oakland, California 94601

( 800 ) 726-9205 Ext. \_\_\_\_\_

## DECLARATION

I declare that the statements herein are true to the best of my knowledge and belief, and that this decertification petition is accompanied by proof of support of at least 30 percent of the employees in the established unit in accordance with number 9 above.

PETITIONER'S AUTHORIZED REPRESENTATIVE:

Title: Attorney for Petitioner

(Signature) Robert M. Dohrmann

Date: November 28, 2005

Los Angeles Regional Office  
3530 Wilshire Blvd., Suite 1435  
Los Angeles, CA 90010-2334  
(213) 736-3127

Sacramento Regional Office  
1031 18th Street, Suite 102  
Sacramento, CA 95814-4174  
(916) 322-3198

San Francisco Regional Office  
1330 Broadway, Suite 1532  
Oakland, CA 94612-2514  
(510) 622-1016

NOTICE OF DECERTIFICATION PETITION

UNIT: 19 PERB CASE NUMBER SA-DP-219-S

DATE NOTICE WAS POSTED: \_\_\_\_\_

ON 11/29/05, A DECERTIFICATION PETITION WAS FILED  
(DATE)  
WITH THE PUBLIC EMPLOYMENT RELATIONS BOARD BY THE PETITIONER SHOWN  
ON THE REVERSE OF THIS NOTICE.

THIS PETITION IS BASED ON THE CLAIM THAT AT LEAST 30% OF THE EMPLOYEES IN THE  
UNIT (CHECK ONE):

☐ NO LONGER DESIRE TO BE REPRESENTED BY  
THE INCUMBENT EXCLUSIVE REPRESENTATIVE  
OR ANY OTHER EMPLOYEE ORGANIZATION.

☒ WISH TO BE REPRESENTED BY THE PETITIONING  
EMPLOYEE ORGANIZATION.

SEE THE REVERSE OF THIS NOTICE FOR THE NAMES, ADDRESSES AND TELEPHONE  
NUMBERS OF THE EMPLOYER, THE INCUMBENT EXCLUSIVE REPRESENTATIVE, AND THE  
PETITIONER.

THIS NOTICE MUST REMAIN POSTED UNTIL: \_\_\_\_\_

BY:   
(SIGNATURE OF EMPLOYER'S AUTHORIZED AGENT)

PERB REGULATION 32772 REQUIRES THAT THIS NOTICE BE CONSPICUOUSLY POSTED ON ALL EMPLOYEE  
BULLETIN BOARDS IN EACH FACILITY OF THE EMPLOYER IN WHICH MEMBERS OF THE ESTABLISHED  
UNIT ARE EMPLOYED. THE NOTICE SHOULD BE POSTED AS SOON AS POSSIBLE BUT IN NO EVENT LATER  
THAN 15 DAYS FOLLOWING SERVICE OF THE PETITION ON THE EMPLOYER. FOR DILLS ACT PETITIONS,  
THE NOTICE MUST REMAIN POSTED FOR A MINIMUM OF 20 DAYS. FOR EERA AND HEERA PETITIONS, THE  
NOTICE MUST REMAIN POSTED FOR AT LEAST 15 WORKDAYS.